

***Kenyon & Kenyon***  
***One Broadway***  
***New York, NY 10004***

September 7, 2007

Mail Stop 16  
 Director of the US Patent and Trademark Office  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

To Whom It May Concern,

I have been assigned to reconcile the USPTO's Deposit Account against Kenyon and Kenyon's records. Below are charges that are inconsistent with what we believe is true. I would respectfully ask that you reimburse Kenyon and Kenyon's Deposit Account 110600 for these fees listed below. If there is any other information you need, please feel free to contact me at [Jduffy@kenyon.com](mailto:Jduffy@kenyon.com).

| Date   | Number | Client/Matter | Code     | Amount | IPSS Date | Notes |  |  |
|--------|--------|---------------|----------|--------|-----------|-------|--|--|
| 13-Aug | 1      | 10512135      | 12218/41 | 1202   | \$250.00  | JKD   | Not Valid. At filing, we paid for 83 total claims, after the amendment filed in June 07, there were only 61 total claims. No Fee Due |  |

Thank You,

*Judy Duffy*  
 Judy Duffy

PATENT APPLICATION SERIAL NO. \_\_\_\_\_

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE  
Fee Record Sheet

10/26/2004 SFREY1 00000103 110600 10512135

|            |        |    |
|------------|--------|----|
| 01 FC:1613 | 950.00 | DA |
| 02 FC:1615 | 774.00 | DA |
| 03 FC:1614 | 176.00 | DA |

PTO-1556  
(5/87)

U.S. Government Printing Office: 2022 - 400-267-0000

PAGE 4/5 \*RCVD AT 11/7/2007 9:50:52 AM [Eastern Standard Time]\* SVR:USPTO-EFXRF-2/16\* DNI:2736500\* CSID:7328550021\* DURATION (mm:ss):02:38

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10/512135

## CLAIMS AS FILED - PART I

|                                  |               | (Column 1)   | (Column 2)               |
|----------------------------------|---------------|--------------|--------------------------|
| TOTAL CLAIMS                     |               |              |                          |
| FOR                              |               | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 63 minus 20 = | 43           |                          |
| INDEPENDENT CLAIMS               | 5 minus 3 =   | 2            |                          |
| MULTIPLE DEPENDENT CLAIM PRESENT |               |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

| AMENDMENT A   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 1)                                  | (Column 2)       | (Column 3) |
|---|-------------|---|-------|---|------------------|------------|
|   |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |
|   | Total       | -   | Minus | --  | -                |            |
|   | Independent | -   | Minus | ---   | -                |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |            |

| SMALL ENTITY<br>TYPE | OR     | OTHER THAN<br>SMALL ENTITY |
|----------------------|--------|----------------------------|
| RATE                 | Fee    | RATE                       |
| BASIC FEE            | 385.00 | OR BASIC FEE 950.00        |
| XS 9=                |        | OR XS18= 774.00            |
| X43=                 |        | OR X86= 176.00             |
| +145=                |        | OR +290=                   |
| TOTAL                |        | OR TOTAL 1900.00           |

| SMALL ENTITY       | OR                     | OTHER THAN<br>SMALL ENTITY |
|--------------------|------------------------|----------------------------|
| RATE               | ADDI-<br>TIONAL<br>FEE | RATE                       |
| XS 9=              |                        | OR XS18=                   |
| X43=               |                        | OR X86=                    |
| +145=              |                        | OR +290=                   |
| TOTAL<br>ADDT. FEE |                        | OR TOTAL<br>ADDT. FEE      |

| AMENDMENT B   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 1)                                  | (Column 2)       | (Column 3) |
|---|-------------|---|-------|---|------------------|------------|
|   |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |
|   | Total       | -   | Minus | --  | -                |            |
|   | Independent | -   | Minus | ---   | -                |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |            |

| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|--------------------|------------------------|
| XS 9=              |                        | XS18=              |                        |
| X43=               |                        | X86=               |                        |
| +145=              |                        | +290=              |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

| AMENDMENT C   |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | (Column 1)                                  | (Column 2)       | (Column 3) |
|---|-------------|---|-------|---|------------------|------------|
|   |             |   |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |
|   | Total       | -   | Minus | --  | -                |            |
|   | Independent | -   | Minus | ---   | -                |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |   |       |   |                  |            |

| RATE               | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|--------------------|------------------------|
| XS 9=              |                        | XS18=              |                        |
| X43=               |                        | X86=               |                        |
| +145=              |                        | +290=              |                        |
| TOTAL<br>ADDT. FEE |                        | TOTAL<br>ADDT. FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Document code: WFEE

United States Patent and Trademark Office  
Sales Receipt for Accounting Date: 08/13/2007

ASELLMAN SALE #00000001 Mailroom Dt: 06/21/2007 110600 10512135  
01 FC:1202 250.00 DA

Adjustment Date: 12/05/2007 NGEBREMI  
08/13/2007 ASELLMAN 00000001 110600 10512135  
01 FC:1202 250.00 CR